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OFFICIAL

CERTIFICATE OF FACSIMILE TRANSMISSION TO THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: January 23, 2004

Examiner: Chong R. Kim	: RE: U.S. Patent Application
Art Unit: 2623	: Serial No.: 09/557,108
Fax: 703-872-9306	: Applicant: Jiang Hsieh
From: Thomas M. Fisher	: Atty. Dkt. No.: 15-CT-5344

## DOCUMENTS SUBMITTED WITH TRANSMISSION:

Fax Transmittal (1 pg.)

Amendment Transmittal (3 pgs.)

Amendment in Response to Office Action dated November 26, 2003 (24 pgs.)

Total pages including cover page: 28

If all pages are not received, please contact: Linda Driscoll at Ext. 7229

RE: The above referenced U.S. Patent Application

Title: METHODS AND APPARATUS FOR HELICAL RECONSTRUCTION FOR MULTISLICE CT SCAN

Filed: April 24, 2000

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number 703-872-9306 on the date shown above.

  
 Thomas M. Fisher, Reg. No.: 47,564

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PATENT  
Attorney Docket No.: 15-CT-5344

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jiang Hsieh : Group No.: 2623  
Serial No.: 09/557,108 : Examiner: Chong R. Kim  
Filed: April 24, 2000 :  
For: METHODS AND APPARATUS :  
FOR HELICAL :  
RECONSTRUCTION FOR :  
MULTISLICE CT SCAN :

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL

1. Transmitted herewith is:  
Fax Transmittal(1 pg.)  
Amendment Transmittal (3 pgs.)  
Amendment in response to Office Action dated November 26, 2003 (24 pgs.)

## STATUS

2. Applicant  
 claims small entity status.  
 is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00
	Fee Due	\$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

OR

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL IN DEP.	31	MINUS	28	-3	x \$9 = \$		x \$18 = \$54.00
	2	MINUS	3	-0	x \$43 = \$		x \$86 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145 = \$	+ \$290 = \$	
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$54.00

(a)  No additional fee for Claims is required

OR

(b)  Total additional fee for claims required \$

**FEE PAYMENT**

5.  Attached is a check in the sum of \$\_\_\_\_\_

Charge Deposit Account No. 070845 (GE Medical Systems) the sum of \$54.00.

**FEE DEFICIENCY**

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:

  
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